

## SAVINGS BANK / CURRENT (INDIVIDUAL)/ TERM DEPOSIT ACCOUNT OPENING FORM

<b>For Bank Use Only BANK OF BARODA (GUYANA) INC.</b>										Affix Passport Size Photo of First/ Sole Applicant	Please sign across the photograph
Name & Code of the Branch: <b>GEORGETOWN/ MON REPOS</b>					Currency:						
Cust Id											
A/C No.											

1. Name in Full (Mr/ Ms)

2. Mother/ Father/ Husband/ Guardian Name

3. Address:

Particulars	Permanent Address	Residential/ Communication Address	Employers Address
House No./ Name :			
Street No./ Name:			
Village/ City			
Region			
Landmark			
PIN/ ZIP code			
Telephone/ Landline no.			
Mobile/ Cell no.			
e-mail Id			

4. Sex: Male/ Female/ Transgender 5. Date of Birth:

6. Occupation-: Minor: Student: Service: Business: Retired: Housewife: Professional: Agriculture: Others (Please specify)

7. Joint Account Holder/s (Details as per supplementary form)

SI.	Name in Block	Identification Document Name & Number

8. Introduction (if required):

Name of the introducer

Customer ID  Account No

I know Mr/ Ms \_\_\_\_\_ for the past \_\_\_\_\_ months/ years. He/ She is resident at the address given above. I have no objection in opening the requested account with above-mentioned joint account holders.

Date \_\_\_\_\_ Signature of the introducer \_\_\_\_\_ Signature Verified by me, Signature of Bank Officer, SS No. \_\_\_\_\_ Please open a Savings Bank/ Current (individual)/ Term Deposit account in the name of Mr/ Ms. \_\_\_\_\_ (First/ Sole Applicant) and the abovementioned joint applicants\*\*. The rules & regulation have been explained to me/ us and I/ we agree to abide by the same. An additional photograph of sole/ each applicant is attached.

Signature/ Thumb Impression of:

First/ Sole Applicant
Second Applicant
Third Applicant

\*\* The Joint Account Holders (i.e. Second & Third applicants) must fill up a supplementary form/s



**ACCOUNTS OF INDIVIDUALS: LIST OF KYC DOCUMENTS (one document from each list)**

LIST I	LIST 2
Proof of Identity (Valid)	Proof of Address (Valid)
1 Passport 2 Driving license 3 Guyana Identification card	1 Passport (only if it contains the current address) 2 Driving license (only if it contains the current address) 3 Electricity Bill not more than 2 month old. 4 Latest telephone bills from any telephone service providers and mobile (postpaid) service providers not more than 2 month old 5 TIN Certificate (only if it contains the current address) 6 Registered Transport/ Leave & License agreement/ Sale Deed/ Lease Agreement 7 Letter from employer, for public servant only (to the satisfaction of the Bank) 8 Letter from any recognized public authority having proper and verifiable record of issuance of such certificates (to the satisfaction of the Bank).

I/ We \_\_\_\_\_, do hereby declare that what is stated above is true to the best of my/ our knowledge and belief. The documents (copy enclosed) produced by me/ us for verification are genuine.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature/Thumb Impression of:

First/ Sole Applicant	Second Applicant	Third Applicant

Date: \_\_\_\_\_

Place: \_\_\_\_\_

**For Office Use**

Sr.No	Description	Name of Authorised Staff	Signature
1	Applicant interviewed & purpose ascertained by		
2	Document/s of identification/ Address Proof listed above were verified with original by		
3	Letter of thanks sent to A/c. holders and Introducer on _____		
4	Money Laundering Risk Classification <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High		

**KYC CERTIFICATION:**

<p>I have met the account opener/s Mr./ Ms. _____          Mr./ Ms. _____ Mr./Ms. _____ in person          and hereby confirm that KYC Norms are fully complied with and further confirm that –</p> <p>i) a) The introducer (if obtained) has visited the branch          Or          b) The introducer (if obtained) has not visited the branch but written confirmation obtained.</p> <p>ii) The signature of the introducer (if obtained) is verified and his/ her Account is more than six months old and KYC Compliant.</p> <p>Signature of Head of the Department _____          Date: _____</p>	<p>I have verified the documents submitted and confirm that KYC Norms are fully complied with.</p> <p>Signature of Branch Head/ Joint Manager/ Manager _____</p> <p>Specimen Signature No. _____</p> <p>Date: _____</p>
Specimen Signature No _____	

**TERMS & CONDITIONS & DECLARATION (Please mark • in appropriate boxes):**

- I/We have read, understood and agree to abide by the Bank's rules relating to the conduct of the above accounts / services/ products / Fee & charges which are Displayed on the website [www.bankofbaroda.gy](http://www.bankofbaroda.gy) contained in the brochures of the Bank from time to time.
- [ ] I/We wish to be informed about the various features/ products and promotional offers made by the Bank from time to time.
- [ ] Please do not call/ contact me/us for various features/ products and promotional offers made by the Bank from time to time.
- Please issue cheque book and recover charges from my/our account as per norms of the bank
  - Account will be operated and balance along with interest payable as per operational instructions given above.
  - I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority.
  - I will indemnify the Bank against the claim of the above minor of any withdrawal/transactions made by me in his/her account.
  - " I/We understand that in case of term deposits with operating instructions "either or survivor " or " former or survivor", premature termination/ payment without any penal charges will be allowed to the survivor in the event of the death of the either of the depositors or former as the case may be on submission of death certificate of the deceased depositor along with application without obtaining consent of the legal heirs of the deceased depositor."
  - I / We also agree to maintain the minimum / quarterly average balance which the Bank may prescribe as the minimum / quarterly average balance to be maintained to avail the facilities and agree to pay the charges if minimum/ quarterly average balance is not maintained and any other charges stipulated by the Bank. I/We understand that any change in this respect will be notified by the Bank on its website [www.bankofbaroda.gy](http://www.bankofbaroda.gy) and also will be displayed on the notice board of the branches one month in advance.
  - I/we shall fill up separate pay-in-slips prescribed by the Bank for various time deposit schemes. I/we understand that the Term deposit shall be under auto-renewal scheme of the Bank unless otherwise specified by me/us.
  - I/ We authorize Bank of Baroda/ its Group Companies or its/ their agents to make references and enquiries as may be deemed necessary in their discretion with regard to the information furnished in this application. Bank of Baroda and its Group entities/companies are empowered to exchange, share or part with all the information, data or documents relating to my/our application inter se among themselves or to other Banks/ Financial Institutions/ Credit Bureaus/ Agencies/ Statutory Bodies/ such other entities/ persons as may be deemed necessary or appropriate or as may be required for processing of such information / data by such person/s or for furnishing of the processed information/ data/ products thereof to other Banks/ Financial Institutions/ Credit Bureaus/ Agencies/ users registered with such agencies.
  - I know that my account will become inoperative if it will not operated by me for a period of two years. Once the account become inoperative, only credit will be allowed in the account, for debit transactions I will be required to submit fresh KYC documents and request bank to activate the account.
  - I/ we authorized the Bank to recovery any dues or charge due, towards Locker/ Loan & Advances, ATM or any other services, on me/ us from this account.

**For Debit cum ATM Card to be issued in the operative deposit account:**

- I/We have read and understood the terms & conditions governing the usage of the Debit Card. I/We accept to be bound by the said terms & conditions and to any changes made therein from time to time by the Bank at its sole discretion. I/We authorize Bank of Baroda to issue a Debit cum ATM Card to the person/s as name mentioned in the application of account opening form. I confirm that I am the sole account holder or have the required mandate to operate the account singly linked to the Debit Card. I/We further unconditionally and irrevocably authorize you to debit my/our account annually for Debit Card fees/charges if any stipulated by the bank.
- I/ We understand and undertake that the usage of the Debit Card shall be strictly in accordance with the Exchange Control Regulations and in the event of any failure to do so; I/We will be liable for action under the relevant Laws.

I/ We accept full responsibility for my/ our Debit Card and agree not to make any claims against Bank of Baroda in respect thereto.

**For Internet Banking**

I/ We have read the terms and conditions applicable to Bank of Baroda e-Banking Retail services and agree to them. I /We am/are aware that the usage of Bank of Baroda e-Banking is governed by terms and conditions which are displayed on <https://intl.bobibanking.com> the site maintained by Bank of Baroda and I/We have reviewed the contents of the same. Further I/We accept the terms and conditions governing internet banking of Bank of Baroda applicable for bank accounts as displayed on bank's website. I/We accept and agree that I/We are aware of the contents of the terms and conditions and that all my/our rights and liabilities would be governed by the said terms and conditions by my/our act of accessing on < <https://intl.bobibanking.com> > I/we thereby agree to be subject to and comply with all provisions had been set forth in full herein.

I/ we understand that I/ we, am/ are fully responsible for the maintenance of secrecy of user id., password, customer id, account number, ATM cum Debit Card number or any other information pertaining to my/ our account or the services thereon.

ATM cum Debit Card/ Internet Banking facility is provided only in accounts where mode of operation is self/ either or survivor/ anyone or survivor. If these service/ s are provided to us then our above instruction of Jointly Operation stands cancelled. (In case more than one signatory requires access over the internet, please use separate form for each signatory).

**Additional information for Internet Banking:**

1. Mother's Maiden Name:
2. Preferred User-id for internet banking: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Signature of:

First/ Sole Applicant

Second Applicant

Third Applicant

Date:

Place: